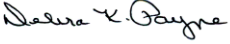
 <p style="text-align: center;">POLICIES AND PROCEDURES</p> <p style="text-align: center;">State of Tennessee Department of Intellectual and Developmental Disabilities</p>	Policy #: 80.2.1	Page 1 of 6
	Effective Date: February 23, 2015	
	Distribution: A	
Policy Type: Administrative	Supersedes: 80.2.1 (8/3/12), P-103 (8/1/11)	
Approved by:  Debra K. Payne, Commissioner	Last Review or Revision: January 6, 2015	
Subject: ABUSE AND NEGLECT PREVENTION COMMITTEE		

- I. **AUTHORITY:** Tennessee Code Annotated (TCA) 4-3-2703, TCA 4-3-2708, TCA 33-1-203(5), TCA 33-1-302(a)(3), TCA 33-1-303(3), TCA 33-1-305, TCA 33-2-402(1),(8) and (9).

- II. **PURPOSE:** The purpose of this policy is to set forth the structure and functions of the regional Abuse and Neglect Prevention Committees ("ANPCs"). The mission of the ANPC, through the fulfillment of its responsibilities, is to advocate for, protect and enhance the rights, well-being and quality of life of persons supported by the Department of Intellectual and Developmental Disabilities ("DIDD" or "Department") in public intermediate care facilities (ICFs) or by DIDD-contracted providers in private ICFs or Home and Community Based waiver services and programs.

- III. **APPLICATION:** This policy applies to the regional Abuse and Neglect Prevention Committees established by the Department and their members, as well as Department and provider management personnel.

- IV. **DEFINITIONS:**
 - A. **Abuse** shall mean the knowing infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. DIDD recognizes three subcategories of abuse:
 1. **Physical Abuse** shall mean actions including, but not limited to, any physical motion or action by which physical harm, pain or mental anguish is inflicted or caused. It includes the use of any unauthorized restrictive or intrusive procedure to control behavior or punish. Corporal punishment, takedowns, prone and supine restraints are prohibited and considered abuse.
 2. **Sexual Abuse** shall mean any type of sexual activity or contact with sexual intent or motivation between a person supported and anyone affiliated with DIDD as a staff person, employee or a contracted provider or volunteer. This includes but is not limited to actions by which a person is coerced into sexual activity or exposed to sexually explicit material or language. Sexual battery by an authority figure as defined in T.C.A. § 39-13-527 is also considered sexual abuse. Sexual abuse occurs whether or not a person is able to give consent to such activities.
 3. **Emotional/Psychological Abuse** shall mean actions including but not limited to humiliation, harassment, threats of punishment or deprivation, intimidation or demeaning or derogatory communication (vocal, written, gestures) directed to or within eyesight or audible range of the person supported.

Effective Date: February 23, 2015	Policy #:80.2.1	Page 2 of 6
Subject: ABUSE AND NEGLECT PREVENTION COMMITTEE		

- B. **Exploitation** shall mean actions including but not limited to the deliberate misplacement, misappropriation or wrongful, temporary or permanent use of belongings or money with or without the consent of a person using services. The illegal or improper use of a person's resources or status for another's benefit or advantage is considered exploitation
 - C. **Neglect** shall mean failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness, which results in injury or probable risk of serious harm. Neglect towards a person supported includes being on duty while impaired or under the influence of illegal substances or prescription drugs without a valid current prescription for the drug. If a staff person has a valid current prescription for a drug and is impaired while on duty from the prescription drug, this may be considered neglect.
 - D. **Public Intermediate Care Facility for Persons with Individual Intellectual Disabilities (ICF/IID)** shall mean a DIDD-operated and state-owned intermediate care facility for persons with intellectual disabilities.
 - E. **Private Intermediate Care Facility for Persons with Individual Intellectual Disabilities (ICF/IID)** shall mean a facility for persons with intellectual disabilities that is owned and operated by an entity other than the state.
- V. **POLICY:** DIDD shall establish and maintain ANPCs in each region. Each regional ANPC (ANPC) is charged with responsibilities for (a) reviewing DIDD investigation report summaries and Office of Incident Management reports, analyses and other documents pertaining to persons supported in the region; (b) utilizing the resources available to request additional information deemed necessary for evaluation; (c) making recommendations for changes and improvements for the reduction and prevention of abuse, neglect and exploitation with respect to individuals supported and/or particular providers; (d) based upon its review of incidents and/or trends related to abuse, neglect, exploitation or other activities or circumstances detrimental to individuals supported by DIDD or its providers, making recommendations for systemic change and/or improvement; and (e) submitting such recommendations to DIDD management personnel as set forth herein, and when appropriate, to contracted providers of services and supports.
- VI. **PROCEDURES:**
- A. Committee Membership
 - 1. Each regional ANPC shall, to the extent possible, include:
 - a. An advocate for persons supported;
 - b. A physician or registered nurse;
 - c. A family member, guardian or conservator of a person supported;
 - d. A direct care staff worker who has no history of substantiation for abuse, neglect or exploitation;
 - e. The DIDD Investigations Coordinator for the region or designee; and

Effective Date: February 23, 2015	Policy #:80.2.1	Page 3 of 6
Subject: ABUSE AND NEGLECT PREVENTION COMMITTEE		

- f. Up to five (5) additional members (DIDD employees or non-employees) who may be recommended by the chairperson.
 2. Qualifications of ANPC Members. Committee members shall have experience working with persons supported by DIDD or in the field of intellectual and developmental disabilities, or be a family member, guardian or conservator of a person with intellectual disability. Committee members employed by DIDD will be expected to employ data analysis techniques to assist in the identification of problems or circumstances that lead to abuse, neglect and exploitation and make recommendations for systemic changes for improvements.
 3. Appointment of ANPC Members. Members of the regional ANPC shall be appointed by the Regional Director.
 4. Terms of Appointment. ANPC members shall be appointed to serve terms of three (3) years. An ANPC member shall not serve more than two (2) consecutive terms. However, a former ANPC member is eligible for reappointment after an absence of one (1) year.
 5. Replacement of ANPC members. The Regional Director may replace a committee member for cause, including failure to attend ANPC meetings on a consistent basis.
 6. Chairperson. The Regional Director shall designate a regional office Protection from Harm staff member to serve as the ANPC Chairperson. When voting is necessary, the chairperson shall vote in case of a tie.
- B. Frequency of Meetings
1. The ANPC shall hold regularly scheduled meetings, at least monthly.
 2. The chairperson may call a committee meeting at any time when enough members will be present to comprise a quorum.
- C. Quorum. A quorum for a regional ANPC shall consist of five (5) or more members, at least two (2) of whom shall not be DIDD employees.
- D. Conflicts of Interest. An ANPC member shall not be present for discussion nor participate in a vote if the member is directly involved in the issue under consideration, has a personal connection with the individual or is an employee of the responsible DIDD-contracted provider.
- E. Records of Meetings
1. Minutes shall be kept for each ANPC meeting. The minutes of the meeting, along with the other documents described in section E.3., and any other documents designated by the chairperson, shall constitute the official records of the committee.
 2. Copies of meeting minutes shall be distributed to:

Effective Date: February 23, 2015	Policy #:80.2.1	Page 4 of 6
Subject: ABUSE AND NEGLECT PREVENTION COMMITTEE		

- a. The Regional Director;
- b. The Director of Protection from Harm;
- c. The Chief Officer of a DIDD-operated ICF/IID, if applicable;
- d. Such other DIDD management personnel, including the Commissioner, as may be designated by the chairperson.

3. The chairperson shall maintain the following records of the ANPC's activities:

- a. A roster of committee members and their appointment dates;
- b. Records of meetings, including:
 - i. The agenda for the meeting;
 - ii. List of members in attendance;
 - iii. Meeting minutes and other documentation of committee actions;
- c. Confidentiality agreements signed by the members;
- d. Records and information concerning the recommendations of the ANPC and responses thereto; and
- e. Any significant correspondence or records of other communications between the committee, providers and DIDD personnel.

F. Confidentiality

- 1. All proceedings of the ANPC involving persons supported, including discussion, deliberations, votes, actions taken and documents and information reviewed shall be treated as confidential. All documents shall be collected and shredded after review except those retained as committee records.
- 2. Each member of the ANPC who is not an employee of the Department shall sign a HIPAA compliant confidentiality agreement, maintained by the chairperson in the committee's records.

G. Resources

In order to carry out its responsibilities as set forth in section VI above, the ANPC shall have access to the following information and resources:

- 1. Investigation summaries for all DIDD investigations conducted in the region since the previous meeting or for other period designated by the chairperson;
- 2. Incident reports pertaining to designated persons supported;

Effective Date: February 23, 2015	Policy #:80.2.1	Page 5 of 6
Subject: ABUSE AND NEGLECT PREVENTION COMMITTEE		

3. Full reports of specific investigations;
4. Reports and data compilations regularly generated by the Office of Incident Management on a monthly or quarterly basis;
5. When deemed necessary or helpful, the chairperson of the committee or designee may request other information and/or assistance from any DIDD entity or unit, committee or personnel, including:
 - a. Protection From Harm Incident Management or Investigations units;
 - b. Regional Quality Management Committee (RQMC);
 - c. Office of the Regional Director;
 - d. State Quality Management Committee (SQMC);
 - e. Regional ICT unit and/or Clinical Review Committee;
 - f. Regional Person Centered Practices unit;
 - g. Regional training personnel;
 - h. The Office of Risk Management; and
 - i. The Office of General Counsel.
6. Upon receipt of a request from the ANPC for information or assistance, the entities listed in the preceding section shall designate a contact person to confer with the ANPC, provide cooperation and respond in writing to the request within a reasonable time.

H. ANPC Recommendations

1. The ANPC shall make recommendations for changes and improvements for the reduction and prevention of abuse, neglect and exploitation or other activities or circumstances detrimental to individuals supported by DIDD or its contracted providers.
2. Recommendations involving statewide or systemic policy or procedural changes shall be submitted to the Director of Protection from Harm, Regional Director, Deputy Commissioner for Program Operations, SQMC, Assistant Commissioner of Policy and Innovation and the Commissioner.
3. Recommendations concerning regional operations of DIDD or which would affect multiple providers in the region shall be submitted to the Director of Protection from Harm, Regional Director, SQMC and the Deputy Commissioner for Program Operations.

Effective Date: February 23, 2015	Policy #:80.2.1	Page 6 of 6
Subject: ABUSE AND NEGLECT PREVENTION COMMITTEE		

4. Recommendations concerning an individual supported or a particular facility or provider shall be submitted to the Director of Protection from Harm, Chief Officer or Executive Director of the responsible provider, Regional Director and the RQMC.
5. For each recommendation pertaining to an individual supported or a particular provider, the committee will identify means by which to address the recommendation and measure progress (or lack of progress).

I. Responses to ANPC Recommendations

1. Recommendations from the ANPC require responses within a reasonable time which address the specific recommendations.
 - a. For recommendations described in sections I.1 and I. 2 above, the Deputy Commissioner of Program Operations shall designate the person and/or entity responsible for preparing and submitting the response(s).
 - b. For recommendations described in section I.4 above, the Chief Officer or Executive Director of the responsible provider is responsible for preparing and submitting the response(s).

Copies of the response(s) shall be provided to the same persons or entities to whom the recommendation(s) was originally submitted. The chairperson of the ANPC shall verify that the response(s) was sent to the appropriate persons and entities.

2. Upon receipt of a response to one of its recommendations, the ANPC shall review same at its next scheduled meeting to determine its adequacy. The committee shall also determine whether additional follow-up is needed, by whom and in what form. The committee may take further actions as reasonably necessary to secure adequate and timely responses to its recommendations, including contacting and requesting assistance from DIDD personnel, up to and including the Commissioner.
3. Records of all ANPC recommendations, responses thereto and follow-up activities shall be maintained by the ANPC.

VII. **CQL STANDARDS:** 1a, 4a, 4b, 4c

VIII. **REVISION HISTORY:** October 10, 2014; July 26, 2012

IX. **TENNCARE APPROVAL:** October 20, 2014

X. **ATTACHMENTS:** N/A